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| Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 | Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 |
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 SECRETARY OF THE SENATE
 03 AUG 11 10:45 AM

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

| | | | |
|--|------------------------------------|-------------------|-------------------------------|
| 1. Registrant Name <u>CITIZENS CONSULTING, INC. (CCI)</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>1024 Elysian Fields Ave.</u> | | | |
| 3. Principal Place of Business (if different from line 2) City: <u>New Orleans</u> State/Zip (or Country) <u>LA 70117</u> | | | |
| 4. Contact Name <u>Barbara Faherty</u> | Telephone <u>(504) 943-5954</u> | E-mail (optional) | 5. Senate ID # <u>9328</u> |
| 7. Client Name <input type="checkbox"/> Self <u>Association of Community Organizations for Reform Now</u> | | | 6. House ID # <u>31695</u> |

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|---|
| <p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p> |
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[Handwritten Signature]

Signature *Barbara F. Herty*

Printed Name and Title Barbara F. Herty Asst Treasurer

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1

Printed Name and Title Barbara Farchy

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Printed Name and Title Barbara Faherty

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Registrant Name CCI Client Name ACORN

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

General

17. House(s) of Congress and Federal agencies contacted Check if None

Senate
House of Representatives
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|-----------------------|---|
| <i>Rachel Burrows</i> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Alexa Foley* Date *7-21-13*
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Printed Name and Title Barbara Faherty

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Printed Name and Title

Barbara Faherty

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Registrant Name CCI Client Name ACORN

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code WEL (one per page)

16. Specific lobbying issues

General

17. House(s) of Congress and Federal agencies contacted Check if None

Senate
House of Representatives
Dept. of Health & Human Services

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|-----------------------|---|
| <i>Rachel Burrows</i> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *[Handwritten Signature]* Filing #829fd570-37f2-40b9-b4e9-fd53c6f1d7c1 - Page 11 of 18

Printed Name and Title Barbara F. Herty

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Registrant Name CCI Client Name ACORN

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code IMM (one per page)

16. Specific lobbying issues

General

17. House(s) of Congress and Federal agencies contacted Check if None

Senate
House of Representatives
Immigration and Naturalization Services

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|-----------------------|---|
| <u>Rachel Burrows</u> | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Alexa Fisher* Date 7-21-03

Printed Name and Title

Barbara Faherty

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Printed Name and Title Barbara Faherty

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Registrant Name CCI Client Name ACORN

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's bus activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus (city and state or country) |
|------------|---------|---|
| <u>N/A</u> | | |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------------|---------|--|---|
| <u>N/A</u> | | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature *Ashe Hales* Date 7-31-03

Printed Name and Title Barbara Faherty

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